

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
SUPPLEMENTAL ANNUITY COLLECTIVE TRUST**ENROLLMENT
REQUEST****PART 1 — TO BE COMPLETED BY PARTICIPANT** *(Please print or type)*

1. NAME - Last, First, Middle _____
2. ADDRESS - Street _____
City, State, Zip Code _____
3. SOCIAL SECURITY NUMBER _____
4. DATE OF BIRTH _____
Month, Day, Year _____
5. GENDER ☐ Male ☐ Female
6. I am a member of (check one)
☐ Teachers' Pension and Annuity Fund ☐ Public Employees' Retirement System ☐ Police & Firemen's Retirement System
☐ State Police Retirement System ☐ Judicial Retirement System
7. MEMBERSHIP # _____
8. I hereby apply for enrollment in the Supplemental Annuity Collective Trust and authorize payroll deductions **or** reductions at the rate and for the purpose indicated below.
Regular Deductions _____% **or** Tax Sheltered Reduction _____%
(Rates may be only whole percentages, i.e., 1%, 2%, 3%, etc. up to 10% maximum allowance in any combination of programs.
A Salary Reduction Agreement must be in effect for those individuals who qualify for and elect the Tax Sheltered program.)

DESIGNATION OF BENEFICIARY**9. I HEREBY NOMINATE:**

NAME - Last, First, Middle _____ RELATIONSHIP _____

ADDRESS - Street _____
City, State, Zip Code _____

SOC. SEC. NO. OR
FEDERAL TAX ID NO. _____

DATE OF BIRTH - Month, Day, Year _____ GENDER ☐ Male ☐ Female

as the beneficiary who shall receive payment of any and all amounts due or to become due upon my death, IF LIVING:**OTHERWISE TO:**

NAME - Last, First, Middle _____ RELATIONSHIP _____

ADDRESS - Street _____
City, State, Zip Code _____

SOC. SEC. NO. OR
FEDERAL TAX ID NO. _____

DATE OF BIRTH - Month, Day, Year _____ GENDER ☐ Male ☐ Female

In the absence of a specific request, if multiple beneficiaries are named, the following shall apply: "Share and share alike, survivors." Please note: Changes of beneficiary forms filed with the regular retirement system do **not** automatically change the beneficiary on file with the Supplemental Annuity Collective Trust.

The benefit will be paid in a lump sum settlement. However, if the beneficiary is a natural person, he/she may elect to receive the benefit as an annuity under one of the available options.

10. Signature of Applicant _____ Date _____

PART II — CERTIFICATION OF EMPLOYING AGENCY *(Please complete applicable items)*

I certify that the name, retirement system and membership number shown above are correct. I also certify that the member is currently employed at an annual base salary of \$_____.

EMPLOYING AGENCY

PAYROLL NUMBER

LOCATION CODE NUMBER

COUNTY

ADMINISTRATOR'S SIGNATURE

DATE

ENROLLMENT REQUEST CONFIRMATION — FOR DIVISION OF PENSIONS AND BENEFITS USE ONLY

EFFECTIVE DATE

ADMINISTRATOR'S SIGNATURE

DATE

— EMPLOYER/PARTICIPANT — DO NOT DETACH FORMS — YOUR COPIES WILL BE RETURNED —

WHITE—Division of Pensions & Benefits CANARY—Employer PINK—Employee